

# MMRIA ABTRACTOR OFFICE HOURS

ENHANCING REVIEWS AND SURVEILLANCE TO ELIMINATE MATERNAL MORTALITY (ERASE MM)  
FEBRUARY 19, 2020



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Reproductive Health



# THEMES

- **MMRIA System Updates**
- **Abstractor Qualifications**
- **Record Requests** (Trauma-related cases)
- **Case Narratives**
  - Amount of details (coding procedures/medications)
- **Process/Timeline for Disseminating Cases to Committee**
- **MMRIA Data Entry Forms:**
  - Death Certificate (Multi-Race)
  - Birth/Fetal Death Certificate (Additional Elements, Cigarette Smoking)
- Autopsy Form (toxicology and referred/available/completeness)
- Capturing Past Medical History
- ED/Hospitalization (admission status/ED visit only/Maternal Levels of Care)
- Social/Environmental (current living arrangements)
- **Committee Decisions**
- **Self-Care**

# MMRIA UPDATES: VERSION 2.1.1 WAS SUCCESSFULLY DEPLOYED ON FRIDAY, 2/7/2020

## **MMRIA Maintenance Release:**

Included in this release are several bug fixes and select layout/infrastructure enhancements.

### ➤ **MMRIA System Bug Fixes:**

- ✓ Case Narrative saving issue resolved
- ✓ De-identification issue for committee member role resolved
- ✓ Export file issue resolved
- ✓ Pre-fill template issue resolved

### ➤ **MMRIA Layout Enhancements:**

- ✓ Home page links added to each page
- ✓ Tech support email added to home page
- ✓ Field added to help locate records on repeating forms
- ✓ Skip navigation link added

### ➤ **MMRIA Infrastructure Enhancements:**

- ✓ Clearing local storage is now automated

# FUTURE MMRIA UPDATES

## Overall Case Status data-field options:

- |                                       |          |  |
|---------------------------------------|----------|--|
| • Abstracting (incomplete)            | 00/00/00 | <i>Abstraction Begin Date (automatically set)</i>    |
| • Abstraction Complete                | 00/00/00 | <i>Abstraction Complete Date (set by abstractor)</i> |
| • Ready for Review                    | 00/00/00 | <i>Projected Review Date (set by abstractor)</i>     |
| • Review Complete (decisions entered) | 00/00/00 | <i>Case Completed/Locked Date (auto. set)</i>        |
| • Out of Scope                        |          |  |
| • False Positive                      |          |  |
| • [Blank] (for historical records)    |          |  |

# FUTURE MMRIA UPDATES

## **Line Listing Summary Page** information:

- Case ID#
- First/Last Name (de-identified for committee member)
- Overall Case Status
- Projected Review Date
- Actual Committee Review date
- Pregnancy-relatedness as determined by committee

## **Display & Export Cases** by Case Status

# 1. IS THERE A JOB DESCRIPTION FOR RECORD ABSTRACTORS?

## **Reviewtoaction.org > Resource Center > Model Abstractor Job Description**

- Nursing experience in obstetrics, antenatal, and postpartum care - minimum of five years
- Demonstrated understanding of normal/abnormal processes of pregnancy, delivery, and postpartum and the wide spectrum of factors that can influence maternal outcomes
- Demonstrated strong professional communication skills (phone, email, fax, verbal)
- Computer skills, including data entry experience and ability to navigate a variety of electronic record systems
- Experience in mortality review (FIMR, etc.)
- Flexibility and ability to accomplish tasks in short time frames
- Demonstrated appreciation of the community
- Knowledge of confidentiality laws
- Ability to serve as an objective, unbiased storyteller; not looking to assign blame
- Demonstrated understanding of social determinants contributing to maternal mortality

## 2. WHAT RECORDS SHOULD BE REQUESTED FOR TRAUMA RELATED DEATHS?

- Answer depends on the scope and input from the MMRC
- Most MMRCs want comprehensive records if the aim is to determine PR and/or preventability
- COD Modules (located in the Abstractor Manual) provide key items to look for in deaths due to:
  - Homicide
  - Motor Vehicle Crashes
  - Suicide
  - Overdose
- MMRCs should establish a plan for data analysis and evaluation that guides amount and type of data that abstractor should enter into MMRIA
  - Consider minimal elements for future collaborative reports with CDC



### 3. HOW MUCH DETAIL SHOULD BE INCLUDED IN CASE NARRATIVE FOR COMPLICATIONS AND LENGTHY STAYS?

- Cases that involve many visits or long term ICU Care present challenges to abstractors
- Ask for input from MMRC regarding amount of details needed
  - Some visits are more critical (include more details) other visits could be succinctly summarized
  - If CPR is initiated do they need all drugs and procedures utilized or suffice to say CPR initiated by whom, for how long, and outcome?
  - Blood products administered (timing, reactions, etc.) again depends on COD and input from MMRC
  - Remember you will need to provide evidence that standards of care were followed including timelines
- Data Entry into MMRIA
  - Capture data elements that are most important for future analysis
  - Add'l elements to provide context can be captured in Reviewer Notes and added to Case Narrative



## 4. WHAT IS THE APPROPRIATE TIMING AND PROCESS FOR SHARING CASES IN ADVANCE?

- Timing of dissemination is important for adequate preparation
  - Two weeks allows members time to review and prepare responses in advance
  - Two weeks allows the chair time to prepare to facilitate an efficient multidisciplinary, multifactorial discussion
- Consider
  - Requiring members to read cases in advance and arrive prepared to deliberate
  - Committee Member Role in MMRIA
  - Security for sharing cases electronically
  - Cost and security if mailing cases in hard copy

# SAMPLE DISSEMINATION PLAN: TENNESSEE

## Tennessee uses primary and secondary reviewers

- Cases are sent out to primary and secondary reviewer 1 month ahead of scheduled MMRC meeting
- Sent out electronically via password protected file (de-identified case narrative and printout of MMRIA forms)
- The primary reviewer is tasked with presenting the case at the MMRC meeting and secondary reviewer provides support and back-up
- Upon receipt of the case the primary reviewer has 2 weeks to request additional information be obtained/provided
- Within 3 weeks of receipt of case the primary reviewer submits a draft committee decision form including ideas for recommendations (to be used to guide and foster full committee discussion)
- 2 weeks prior to the MMRC meeting the full committee receives the case narrative in electronic/password protected manner

# 5. HOW CAN WE DOCUMENT IF MORE THAN ONE RACE LISTED ON DEATH CERTIFICATE?

new-last-name, new-first-name Undo S

Death Certificate Select to print a form

**Race**

**Race\***

- (blank)
- White
- Black
- American Indian/Alaska Native
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Other Race
- Race Not Specified

Specify Other Race

Specify Other Asian

Specify Other Pacific Islander


Specify Principal Tribe

OMB Race Recode  Recode Clear

**Race\***

- (blank)
- White
- Black
- American Indian/Alaska Native
- Pacific Islander
- Asian
- Bi-Racial
- Multi-Racial
- Other Race
- Race Not Specified

Recode Clear



## 6. WHAT IS BEST WAY TO CAPTURE ADDITIONAL ELEMENTS ON BIRTH CERTIFICATE FORM?

States may have some unique data elements apart from the standard Vital Statistics forms

➤ Maternal conditions or obstetric procedures

Let's discuss what some of these elements may be along with ideas for how best to document for review and analysis...

# 7. CAN YOU CLARIFY THE QUESTION ON THE BIRTH CERTIFICATE - PARENT FORM REGARDING CIGARETTE SMOKING?

new-last-name, new-first-name

Birth/Fetal Death Certificate- Parent Section

Select

(blank)

Enter amount

Cigarette Smoking Before and During Pregnancy

Three Months Before Pregnancy (# of Cigarettes/Packs)

Unit(s)

(blank)   
Cigarette(s)  
Pack(s)

Specify unit  
(cigarettes/packs)

First Three Months of Pregnancy (# of cigarettes/ packs)

(blank)

Second Three Months of Pregnancy (# of Cigarettes/Packs)

Unit(s)

# 8. CAN YOU CLARIFY THE OPTIONS ON THE AUTOPSY FORM – “WAS AN AUTOPSY PERFORMED?”

new-last-name, new-first-name

For this question the term “referred” is broad and is not just indicating referral to ME/Coroner.

Autopsy Report

Was an Autopsy Performed?\*      Completeness of Autopsy Information\*

(blank)      (blank)

(blank)  
Referred/Performed/Available  
Referred/Performed/Not available  
Referred/Not performed  
**Not Referred**

Reporter Type      Other (Specify)

(blank)     

Date of Autopsy

Month      Day      Year      Jurisdiction

(blank)      (blank)      (blank)     

new-last-name, new-first-name

The abstractor also documents completeness of the records available on the next data field.

Autopsy Report

Was an Autopsy Performed?\*      Completeness of Autopsy Information\*

(blank)      (blank)

Reporter Characteristics

(blank)  
Complete  
Minor gaps  
Major gaps  
Minimal

Reporter Type      Other (Specify)

(blank)     

Date of Autopsy

Month      Day      Year      Jurisdiction

(blank)      (blank)      (blank)

# 9. IS THERE A STANDARD GUIDE FOR DOCUMENTING TOXICOLOGY RESULTS SUCH AS THERAPEUTIC VS TOXIC?

new-last-name, new-first-name Undo Save

Autopsy Report Select to print a form

Was Toxicology Positive for Drugs? (blank)

Toxicology\* - 1 item(s)

0/1 item left

Substance	Concentration	Unit of Measure	Level
(blank)			(blank)
0000	Comment(s)		

+ Add Item

ICD Code version

Coroner/Medical Examiner Causes of Death - 0 item(s)

+ Add Item





## 10. IS THERE A PLACE TO CAPTURE PAST MEDICAL HISTORY AS THIS CAN VARY ACROSS FORMS?

- Past medical history can vary especially items such as certain demographics, Gravida/Para, Height, Weight, BMI, etc.
- Document what you see on each particular source and the corresponding form in MMRIA
- If you find a discrepancy make a note of this on the Reviewer Notes
- For the final case narrative you can either make a decision based upon the data point that seems most credible (commonly documented) or you can document the varying results and discuss this discrepancy in the narrative

# 11. ON THE ED/HOSPITALIZATION FORM-WHAT DO YOU RECORD IF NOT ADMITTED (ED VISIT ONLY)?

new-last-name, new-first-name

ER Visits and Hospitalizations (Record 2)

Month Day Year (blank) (blank) (blank)

Time of Arrival

Gestational Age- Weeks

Gestational Age- Days

Days Postpartum

Admission Condition (blank)

Specify Other Status

Month Day Year (blank) (blank) (blank)

Time of Admission

Gestational Age- Weeks

Gestational Age- Days

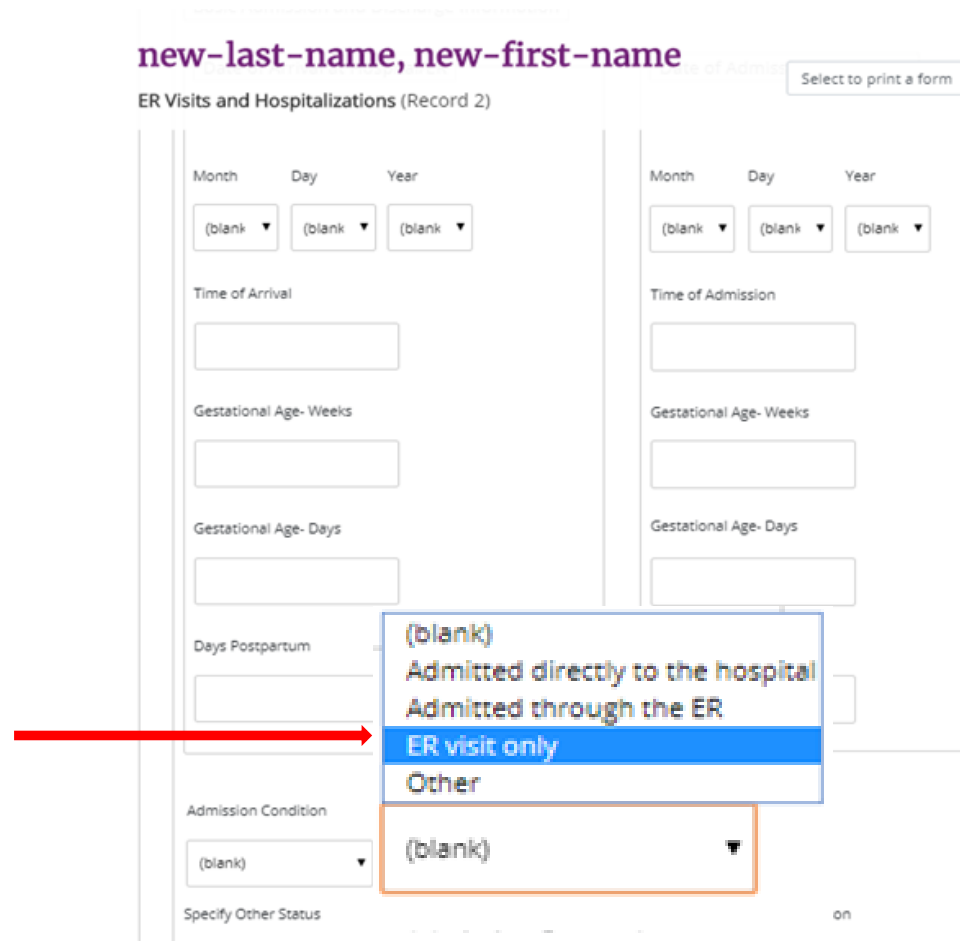
Admission Condition (blank)

Specify Other Status

Select to print a form

(blank)  
Admitted directly to the hospital  
Admitted through the ER  
ER visit only  
Other

(blank)

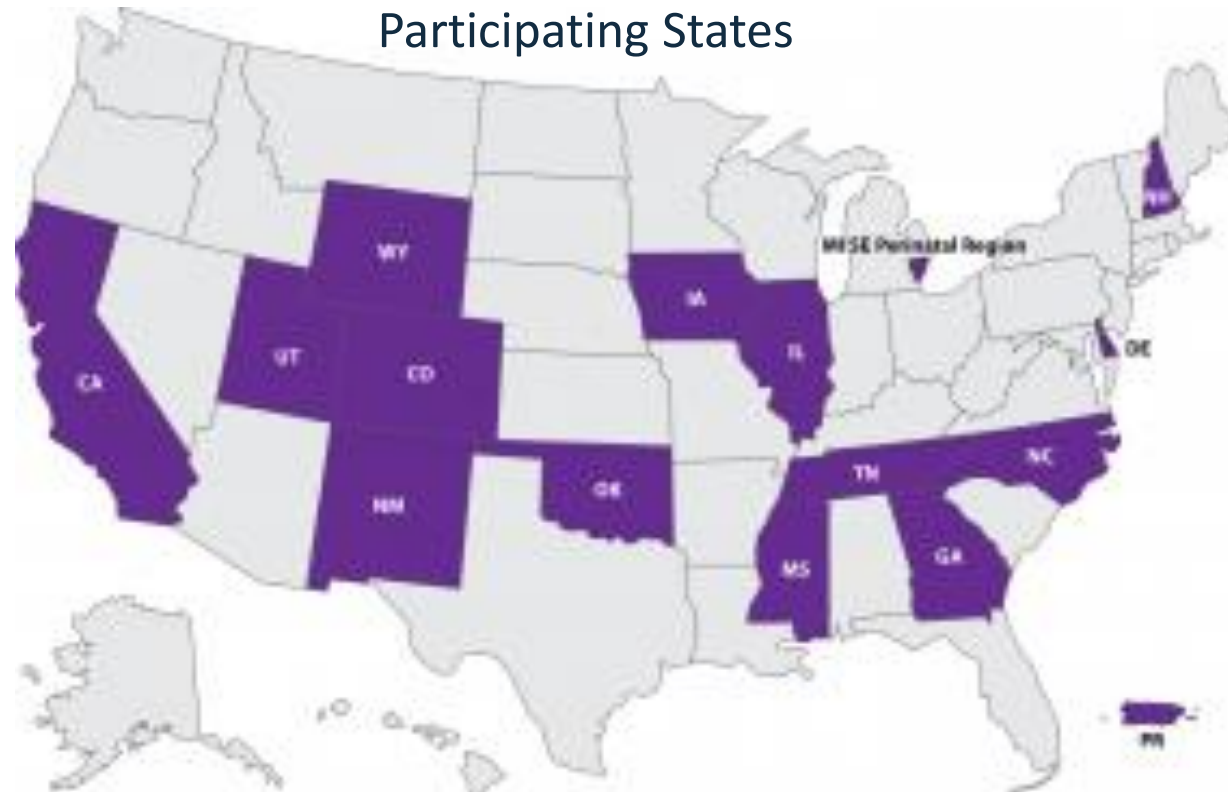


## 12. WHAT IS THE DIFFERENCE BETWEEN SERIOUS AND CRITICAL CONDITION ON THE ED/HOSPITALIZATION FORM?

- Serious indicates an abnormal condition, labs, vitals, etc. which require prompt treatment but not necessarily considered immediately life threatening.
- Critical condition indicates a life threatening condition for example loss of consciousness, respiratory or cardiac arrest, severe hemorrhage, etc.

# 13. WHAT DO WE DOCUMENT IF OUR STATE HAS NOT YET ESTABLISHED “STANDARD MATERNAL LEVELS OF CARE”?

Maternal Levels of Care officially align with the criteria established by American Academy of Pediatrics/ACOG/SMFM and may be assessed using CDC’ LOCATe (Levels of Care Assessment Tool)



# MATERNAL LEVELS OF CARE

If your state has not yet adopted the standard maternal levels of care click “other” and specify or describe this category in next data field titled “Specify Other Maternal Level of Care”

ER Visits and Hospitalizations (Record 2)

Maternal Level of Care\*

Specify Other Maternal Level of Care

(blank)

(blank)

Birth Center

Basic Care (Level I)

Specialty Care (Level II)

Subspecialty Care (Level III)

Regional Perinatal Health Care Center (Level IV)

Other

Apartment or Unit Number

Zip Code

(blank)

# 14. WHAT IS THE BEST WAY TO DOCUMENT “CURRENT LIVING ARRANGEMENTS” ON THE SOCIAL/ENVIRONMENTAL FORM?

Current Living Arrangements

Homelessness\*

(blank) ▼

(blank) ▼

Own

Rent

Public Housing

Live with Relative

Homeless

Other

Unknown

Not Specified

# 15. HOW MUCH OF THE COMMITTEE DECISIONS FORM SHOULD BE COMPLETED IF THE MMRC DETERMINES THE CASE IS NOT PREGNANCY-RELATED?

DID OBESITY CONTRIBUTE TO THE DEATH?		<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
DID MENTAL HEALTH CONDITIONS <i>OTHER THAN SUBSTANCE USE DISORDER</i> CONTRIBUTE TO THE DEATH?		<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
DID SUBSTANCE USE DISORDER CONTRIBUTE TO THE DEATH?		<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
WAS THIS DEATH A SUICIDE?		<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
WAS THIS DEATH A HOMICIDE?		<input type="checkbox"/> YES	<input type="checkbox"/> PROBABLY	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
IF ACCIDENTAL DEATH, HOMICIDE, OR SUICIDE, LIST THE MEANS OF FATAL INJURY	<input type="checkbox"/> FIREARM	<input type="checkbox"/> FALL	<input type="checkbox"/> INTENTIONAL NEGLIGENCE		
	<input type="checkbox"/> SHARP INSTRUMENT	<input type="checkbox"/> PUNCHING/ KICKING/BEATING	<input type="checkbox"/> OTHER, SPECIFY: <div style="background-color: #e0f0ff; height: 15px; width: 100%;"></div>		
	<input type="checkbox"/> BLUNT INSTRUMENT	<input type="checkbox"/> EXPLOSIVE	<input type="checkbox"/> UNKNOWN		
	<input type="checkbox"/> POISONING/ OVERDOSE	<input type="checkbox"/> DROWNING	<input type="checkbox"/> NOT APPLICABLE		
	<input type="checkbox"/> HANGING/ STRANGULATION/ SUFFOCATION	<input type="checkbox"/> FIRE OR BURNS			
		<input type="checkbox"/> MOTOR VEHICLE			
IF HOMICIDE, WHAT WAS THE RELATIONSHIP OF THE PERPETRATOR TO THE DECEDENT?	<input type="checkbox"/> NO RELATIONSHIP	<input type="checkbox"/> OTHER ACQUAINTANCE	<input type="checkbox"/> UNKNOWN		
	<input type="checkbox"/> PARTNER	<input type="checkbox"/> OTHER, SPECIFY: <div style="background-color: #e0f0ff; height: 15px; width: 100%;"></div>	<input type="checkbox"/> NOT APPLICABLE		
	<input type="checkbox"/> EX-PARTNER				
	<input type="checkbox"/> OTHER RELATIVE				



# SELF-CARE: REMEMBER WHAT YOU DO REALLY MATTERS



ANY ADDITIONAL QUESTIONS?

